50350044 Task ID# 6188 cc: Leslie

FORM MR-TRS Revised 03/31/2009

# STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION of OIL, GAS and MINING

1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801 (801) 538-5291

RECEIVED

AUG 13 2014

DIV. OF OIL, GAS & MINING

## APPLICATION FOR TRANSFER OF NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

\* \* \* \* \* \* \* \* \*

| Application is hereby made to transfer the permit to | commence small mining operations for the  |
|--|---|
| Iterriman Pit  | project, permit # S/ 035/ 0044, currently |
| operated by CCI - Carlson Const.                     | oction Inc. (transferor)                  |
| to Whitaker Construction Co.                         | Tue. (transferee).                        |

As used herein, TRANSFEROR refers to the <u>current operator</u>, TRANSFEREE refers to the <u>proposed new operator</u>, NOI refers to the Notice of Intention to Commence Small Mining Operations; PERMIT refers to the approved (or accepted) NOI, including the reclamation contract and reclamation surety.

Upon approval of the Application for Transfer:

- 1. The Transferor agrees to transfer all rights and obligations to operate under the terms of the NOI to the Transferee, The Transferor will not retain any rights to conduct small mining operations within the area covered by the approved NOI.
- 2. Both parties understand the transfer of the **NOI** is not complete until all the applicable requirements are met, including the submittal and Division approval of an appropriate reclamation surety and a reclamation contract.
- 3. The transferee has read and has a copy of the current NOI.
- 4. The Transferee has inspected the site and is fully aware of all existing conditions and responsible for compliance with the conditions of the permit and the obligations regardless of the nature of the conditions at the site.
- 5. Transferee shall conduct large mining operations on lands included in the NOI in accordance with the Utah Mined Land Reclamation Act, (ACT) Sections 40-8-1 et seq., Utah Code Annotated, (2005, as amended), and the rules promulgated under the ACT (R647- et seq., and the approved NOI.
- 6. The Transferee shall provide a surety in a form and amount approved by the Division to assure reclamation of the lands affected by the mining operations.

The **Transferor** will remain liable for compliance at the mine site until this transfer application is approved.

Page 2 of Application to Transfer of Notice of Intention to commence small mining operations - DOGM

The signatory below represents that he/she has authority to execute this transfer on behalf of the Transferor, if not a natural person. Statements made in the application are true and correct to the best of my knowledge and belief.

| T | R | A | N | S | - | E | R | 0 | R |  |
|---|---|---|---|---|---|---|---|---|---|--|
|   |   |   |   |   |   |   |   |   |   |  |

| CARLSON CONSTRUCTION   | IHC  |       |
|--|--|-------|
| Operator/Transferor Name   |  |       |
| BY MICHAEL CARLSON   |  |       |
| Name of Authorized Officer (Typed or Printed)  |  |       |
| PRESIDAS   |  |       |
| Title of Authorized Officer  |  |       |
| malitation   | 8-11-14  |       |
| Officer's Signature  | Date   |       |
|  |  |       |
|  |  |       |
|  |  |       |
| STATE OF Utah  | 1  |       |
| 경영 역시 시작 방법을 먹는다고 경영하였다. 그리아   | ) ss:  |       |
| COUNTY OF Salt Lake  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |       |
|  |  |       |
|  |  |       |
| On the 1th day of Jugust, 20 14,   |  |       |
| personally appeared before me, who being   |  |       |
| an President/Owner (owner, officer   | , director, partner, agent or other (speci   | ify)) |
| of the Operator <u>Carlson</u> <u>Consti</u><br>and duly acknowledged that said instrume |  |       |
| by authority of its bylaws, a resolution of its  |  |       |
| be required to execute the same with full a  | authority and to be bound hereby.  |       |
|  |  |       |
| Dia salla Valla  |  |       |
| fary Public  |  |       |
| 36W 12300 S. Draper, UT.   | - 84076  |       |
| siding at  | . 3 (-20   |       |
| 02/20/2018   | gen and son out to out to the son to the son to the son to out to the son to out to son the song |       |
| Commission Expires:  | STATE OF UTAH NOTARY PUBLIC  |       |
|  | ANGELA LEDDY COMMISSION # 674639   |       |
|  | MY COMMISSION EXPIRES:   |       |
|  | 1866 at 17-70-7018   |       |

Page 2 FORM MR-TRS Revised 03/31/2009 The signatory below represents that he/she has authority to execute this transfer on behalf of the Operator/Transferee, if not a natural person; and the operator/transferee is a properly organized entity in good standing under the laws of Utah and the United States, is registered as an entity authorized to do business in the State of Utah. Statements made in the application are true and correct to the best of my knowledge and belief.

| TRANSFEREE:   |
|---|
| Whitaker Construction Co. Inc. Operator/Transferee Name   |
| By Brett Nielsen Name of Authorized Officer (Typed or Printed)  |
|   |
| Vice President of Operations Title of Authorized Officer  |
| Officer's Signature Date  |
| STATE OF Utah   |
| ) ss:   |
| COUNTY OF Box Elder )   |
|   |
| On the 12 day of August , 20 14 , Brett Nielsen   |
| personally appeared before me, who being by me duly sworn did say that he/she is an <u>owner</u> (owner, officer, director, partner, agent or other (specify)               |
| of the Operator Whitaker Construction Co., Inc.   |
| and duly acknowledged that said instrument was signed on behalf of said Operator<br>by authority of its bylaws, a resolution of its board of directors, or as may otherwise |
| be required to execute the same with full authority and to be bound hereby.   |
| HOLLY GIBBONS Notary Public, State of Utah Commission #655877 My Commission Expires   |
| 641 W 2550 S, Perry, UT 84302  Residing at  |
| 6-4-16  |

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My Commission Expires:

1.

| For Division Use Only Assigned File Number | S/ | 03510044 |  |
|--|----|----------|--|
| DOGM Lead:                                 |    |          |  |

### STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

1594 West North Temple Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801 Telephone: (801) 538-5291 Fax: (801) 359-3940

### NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

The information requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program (R647). The rules and Act are available online at <a href="http://www.rules.utah.gov/publicat/code/r647/r647.htm">http://www.rules.utah.gov/publicat/code/r647/r647.htm</a> and <a href="http

"Small Mining Operations" are operations which have a disturbed area of ten or fewer surface acres at any time in unincorporated areas, or five acres or fewer in incorporated areas.

|      | GENERAL INFORMATION (Rule R647-3-104)  |
|------|--|
| 1.   | Name of Mine: Herriman Pit   |
| 2.A. | Name of Entity Applying for a Permit: Whitaker Construction, Co. Inc.  Contact (Authorized Officer): Brett Nielsen  Mailing Address: P.O. Box 430  City, State, Zip: Brigham City, Ut. 84302  Phone: 435-723-Z921 Fax: 435-723-5808  E-mail Address: brett @whitcon. com   |
|      | Entity is a: Corporation LLC Sole Proprietorship (dba) Individual Partnership (General or limited) Other (specify type)  Business Entity (not individuals) must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) If not currently registered, contact www.commerce.utah.gov to renew or apply. |
| 2.B. | Are you currently registered to do business in the State of Utah? Yes No  Business Entity #: 227757 - 550 /  Local Business License #: (if required)   |
|      | Issued by: County: or City:  |
|      | Registered <u>Utah</u> Agent (as identified with the Utah DOC) (if individual leave blank):  Name: Title:  |
|      | Address:   |
|      | City, State, Zip:  |
|      | Phone: Fax:  |
|      | E-mail Address:  |

|    | Name: John Sather   |             | Title:      | Agaregate          | s Manage          |
|----|---|-------------|-------------|--------------------|-------------------|
|    | Address: F.O. Dox 430   |             |             |                    | J                 |
|    | City, State, Zip: Brigham City,                                   | Ut.         | 84302       |                    |                   |
|    | Phone: 435-723-2921   |             |             |                    |                   |
|    | Emergency, Weekend, or Holiday Phor                               |             |             |                    |                   |
|    | E-mail Address: Johnewhitcon.                                     | Lom         |             |                    |                   |
|    | Name:   |             | Title:      |                    |                   |
|    | Address:  |             |             |                    |                   |
|    | City, State, Zip:   |             |             |                    |                   |
|    | City, State, Zip:Phone:   | _ Fax:      |             |                    |                   |
|    | Emergency, weekend, or Hollday Phor                               | ne:         | 21%         |                    |                   |
|    | E-mail Address:   |             |             |                    |                   |
| 2  | If Business is a Sole Proprietor (dba) or Ind                     |             |             |                    |                   |
|    | Name of Owner:  | Tidua       | Title:      |                    |                   |
|    | Business Address:   |             | 1100.       |                    |                   |
|    | City. State. Zip:   |             |             |                    |                   |
|    | City, State, Zip:   | Fax:        |             |                    |                   |
|    | E-mail Address:   |             |             |                    |                   |
|    |   |             |             |                    |                   |
| O. | If Business is a Corporation:  Name of Officers: Richard Whita    | 1           | <b>-</b>    | Har Darri          | . 1               |
|    | Name:   | ter         | 1 II        | tle. Freside       | 1 D.              |
|    | Name: James Whitaker Name: Michael Whitaker                       |             |             | Ho: Executiv       | e VILLE FIRS      |
|    | Name: Michael Whitaker Name:                                      |             | 117         | tle. <u>Dec.</u> / | reasurer          |
|    |   |             |             | tle:               |                   |
|    | Headquarters Address: 44 South                                    | 1050        | West        |                    |                   |
|    | City, State, Zip: Brigham City                                    | , U         | + 8430      | 2                  |                   |
|    | Phone: 435-723-2921   |             |             |                    |                   |
|    | E-mail Address:   |             |             |                    |                   |
|    | If Business is a Limited Liability Company:                       |             | Member Man  | aged Man           | ager Managed      |
|    | Name of 1 <sup>st</sup> Member/Manager:                           |             | wernber wan | Title:             | ager managed      |
|    | Business Address:   |             |             | 1100.              |                   |
|    | City. State. Zin:   |             |             |                    |                   |
|    | City, State, Zip:Phone:   | Fax:        |             |                    | 190 TO 180 TO 180 |
|    | E-mail Address:   |             |             |                    |                   |
|    |   |             |             |                    |                   |
|    | Name of 2 <sup>nd</sup> Member/Manager:                           |             |             | litle:             |                   |
|    | Business Address:   |             |             |                    |                   |
|    | City, State, Zip:   |             |             |                    |                   |
|    | Phone:  | _ Fax:      |             |                    |                   |
|    | E-mail Address:   |             |             |                    |                   |
|    | If Business is a Partnership:                                     |             |             |                    |                   |
| d. | Names of First Partner:   |             |             |                    |                   |
| d. | COMMON  |             |             |                    |                   |
| d. | Business Address:   |             |             |                    |                   |
| d. | Business Address:<br>City, State, Zip:                            | The last is |             |                    |                   |
| d. | City, State, Zip:Phone:   | Fax:        |             |                    |                   |
| 1. | City, State, Zip:Phone:   | Fax:        |             |                    |                   |
| d. | City, State, Zip:<br>Phone:<br>E-mail Address:                    | _ Fax:      |             |                    |                   |
| d. | City, State, Zip: Phone: E-mail Address: Names of Second Partner: | _ Fax:      |             |                    |                   |
| i. | City, State, Zip:   | _ Fax:      |             |                    | constant          |
| d. | City, State, Zip: Phone: E-mail Address: Names of Second Partner: | _ Fax:      |             |                    | constant          |

|                                | Name of Partner:   |  |      |
|--------------------------------|--|--|------|
|                                | City State Zin   |  |      |
|                                | Phone:   | Fax <u>:</u>   |      |
|                                |  |  |      |
| 5.                             | Ownership of Land S  | urface:  |      |
|                                | State Trust Land/School  | ublic Domain (BLM) G National Forest (USFS) G ol Sections G State Sovereign Lands G  |      |
|                                | Name Michael   | arlson Address_1300 W. 14800 5: 1310ffdale, 0+9  | 840  |
|                                | Name   | Address  |      |
|                                | Name   | Address  |      |
|                                |  | Address  |      |
| 6.                             | Ownership of Minera  | ls:  |      |
|                                | Private (Fee Pu  | ublic Domain (BLM) G National Forest (USFS) G  |      |
|                                | State Trust Land/School  | ol Sections G State Sovereign Lands G  | ^    |
|                                | Other (please describe   | CarlsonAddress. 1300 W. 14800 5. Bluffdale, Ut.  | 84   |
|                                |  |  | 0 11 |
|                                |  | Address  |      |
|                                |  | Address  |      |
|                                | Name   | Address  |      |
|                                | BLM Lease or Project   | File Number(s) and/or USFS assigned Project Number(s):   |      |
|                                | BLM Claim Numbers_   |  |      |
|                                | Litah Stata Lagga Num  | ber(s):  |      |
|                                |  |  |      |
|                                | Name of Lessee(s)  |  |      |
| 7.                             | Have the above surfa   | ice and mineral owners been no tified in writing?  |      |
|                                | Yes  | No   |      |
|                                | If no, why not?  |  |      |
|                                |  |  |      |
| ining a<br>xplorati<br>ands Ad | lone does not satisfy the<br>ion or mining a ctivity on S<br>dministration <b>prior</b> to cor | rust Lands are involved, notification to the Division of Oil, Gas and notification requirements of Mineral Leases upon State Trust Lands. State Trust Lands requires a minimum of 60 days notice to the Trust mmencing any activities. Please contact the School Institutional Trust (801) 538-5508 for notification requirements. |      |
| 8.                             | Does the Entity have covered by this notice  | legal right to enter and conduct mining operations on the land   |      |

#### VII. SIGNATURE REQUIREMENT

#### CERTIFICATION

I state under penalty of perjury under the laws of the state of Utah and the United States of America that:

- a. I have read this form and declare the information, statements and/or documentation are true, correct and complete to the best of my knowledge and belief; AND
- b. I commit to the reclamation of the aforementioned small mining project as required by the Utah Mined Land Reclamation Act (40-8) and the rules as specified by the Board of Oil, Gas and Mining.
- c. This certification must be signed by: (1.) an executive officer if the applicant is a corporation; (2.) a partner if applicant is a partnership (general or limited); (3.) the owner if applicant is a sole proprietorship; or (4.) the member or manager if applicant is a limited liability company.

| Signature: 7546 7                    | luie  | Date: | 8/12/14 |
|--------------------------------------|---|-------|---------|
| Name (typed or printed):             | . H. C. H. C. |       |         |
| Title/Position (if applicable): Vice | President of                                      | Opera | tions   |